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Hospital Outpatient Reporting—Modifiers

Audio Seminar

January 27, 2005

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Faculty

Leah A. Grebner, RHIA, CCS

Ms. Grebner has worked in HIM since 1989 with a broad range of experience including inpatient, outpatient, rehab, physician office and home health. Leah is Director of the Health Information program at Midstate College in Peoria, IL and also works part-time as a coder for a nationwide consulting company. She has presented at regional (CIHIMA) and state (ILHIMA) meetings, and has been a presenter for the AHIMA audio conferences. She is a member of the board of directors for ILHIMA and has previously served as President of CIHIMA. She is currently nearing completion on her Master of Science in Health Service Administration through the University of St. Francis in Joliet, IL.

Susan Von Kirchoff, MEd, RHIA, CCS, CCS-P

Ms. Von Kirchoff's ICD-9-CM knowledge base stems from a variety of experience in all types of facility settings including: hospital inpatient and outpatient (ER, Ambulatory Surgery, Clinic/E&M, PT, OT, & ST), home health using OASIS and long-term rehab/SNF. She has over eight years experience in providing education to healthcare professionals and has instructed students in Basic, Intermediate and Advanced inpatient and outpatient medical coding for the last 5 years.

Susan has authored and published study guides to assist healthcare professionals in successfully passing the National Certified Coding Specialist Exam and Physician Based Exam. She also authored 45 ICD-9-CM, CPT-4 and HCPCS instructor training material for Universities nationally, including hands-on training material and mock examinations. Susan has taught ICD-9-CM, CPT4, and HCPCS courses via compressed video with computerized instruction.

Ms. Von Kirchoff earned a Master's in Education, Instruction Technology from Arkansas Tech University. She is a Registered Health Information Administrator specializing in coding and auditing in various healthcare settings. Susan holds a Bachelor of Science degree in Health Information Management and is credentialed as a Certified Coding Specialist (CCS) and a Certified Coding Specialist-Physician (CCS-P). Susan also is credentialed in Compliance (CCP) from the Fraud and Abuse Institute.

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Objectives

- **Review current AMA coding guidelines for modifier assignment**
- **Update coders' knowledge of current regulatory guidelines when assigning CPT modifiers**
- **Review how to choose between similar modifiers and apply applicable modifiers using case scenarios**

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Polling Question #1

Which of the following best describes your work setting?

1. **Acute Care Hospital**
2. **Free-Standing Surgery Center**
3. **Urgent Care Facility**
4. **Other**

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Modifiers are Critical

- **Modifiers are critical to receive accurate reimbursement.**
- **CPT and certain HCPCS Level II codes map to APC classification.**
- **The accurate reporting of services with the appropriate modifiers has never been more Critical.**

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Compliance and Billing for Modifiers

- **CMS Hospital Transmittal 726 (effective July 1, 1998) identified CPT and HCPCS Level II modifiers for hospital use when billing Outpatient services.**
- **Modifiers are reported on UB-92 FL 44 and electronic submission field loop 2400, SV202-3 of the 837i format.**

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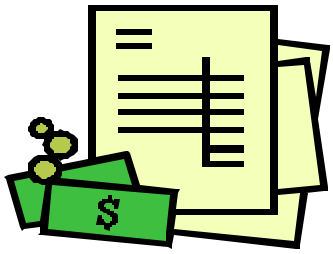
Compliance and Billing for Modifiers

- **Did you know one of the Top 10 billing errors determined by federal, state and private payers involves the incorrect use of modifiers?**
- **OIG workplan for 2005 targets Modifiers 25 and 59**



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Modifiers for Hospital Outpatient Use

- **25 Significant, Separately Identifiable E/M Service by the Same Physician on the Same Day of the Procedure of Other Service**
- **27 Multiple Outpatient Hospital E/M Encounters on the Same Date**
- **50 Bilateral Procedure**
- **52 Reduced Services**

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Modifiers for Hospital Outpatient Use

- **58 Stages or Related Procedure of Service by the Same Physician During the Postoperative Period**
- **59 Distinct Procedural Service**
- **73 Discontinued Out-Patient Procedure Prior to Anesthesia Administration**
- **74 Discontinued out-Patient Procedure After Anesthesia Administration**

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Modifiers for Hospital Outpatient Use

- **76 Repeat Procedure by Same Physician**
- **77 Repeat Procedure by Another Physician**
- **78 Return to the Operating Room for a Related Procedure During the Postoperative Period**
- **79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period**
- **91 Repeat Clinical Diagnostic Laboratory Test**

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Modifiers for Hospital Outpatient Use

- LT/RT
- E1-E4: Eyelids
- F1-F9: Fingers & Thumbs
- TA-T9: Toes
- LC – Left circumflex coronary artery
- LD – Left anterior descending coronary artery
- RC – Right coronary artery
- QM – Ambulance service provided under arrangement by a provider of services
- QN – Ambulance service furnished directly by a provider of services

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Discounting Modifiers

- Line items with a service indicator of "T" are subject to multiple procedure discounting. (Except for modifiers 76, 77, 78 or 79)
- The line item with the highest reimbursement will not be discounted, however all other line items ("T") will be discounted.
- All line items that do not have a service indicator "T" will be ignored and not be discounted.

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Polling Question #2

Which of the following is correct in regards to reimbursement for discounting modifiers?

1. **Line items with a service indicator of "T" are subject to multiple procedure discounting.**
2. **All line items that do not have a "T" service indicator will be ignored in determining a discount**
3. **The line item with the highest reimbursement will not be discounted.**
4. **All of the above**

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Modifier –25

Significant, separately identifiable E/M service

- **This modifier is used when a physician performed a procedure and on the same day, also performed a separate E/M services but was unrelated to the procedure.**
- **Example: Patient comes to ER after car accident. Physician sutures a laceration but also performs evaluation and management services for a concussion. Append –25 to E/M for the concussion management.**

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Polling Question 3

Patient presents to hospital emergency department for evaluation of foreign body in pharynx. The foreign body is removed in the emergency department. What is the correct code assignment?

1. **99283 only**
2. **99283-25 and 42809**
3. **42809-25 and 99283**
4. **42809 only**

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Modifier –50

Bilateral procedure

- **This code is reported when a procedure is done on both sides of a paired organ.**
- **Codes in the Medicine section for Ophthalmology and the ear codes are assumed to be bilateral. (note that eye and ear procedures in surgery section are unilateral unless otherwise specified in description)**
- **Example: breast reconstruction 19366**

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Modifier –50
Bilateral procedure

- **Check with your carrier to see how they require this code to be reported.**
- **Some carriers want the code reported only once with modifier –50 appended and one unit reported.**
- **Others may require the procedure code to be listed twice with modifier –50 appended on only the second code.**

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Modifier –52
Reduced services

- **Modifier –52 describes a reduction or elimination of part of a service.**
- **Example: Unilateral eye exam on a patient with only one eye.**
- **Do NOT use this code simply to indicate a reduced fee. It specifically states, reduced SERVICES**

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Notes/Comments/Questions

Modifier –58
Stages or Related

- This modifier is used for procedures or services that are considered staged or related by the same physician during the postoperative period.
- Example: A breast biopsy is performed on one date. Then the patient is returned to the operating room within the global period of the initial procedure for more extensive removal of breast tissue such as a modified radical mastectomy.

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Modifier –58 continued

- Used to indicate visits or other procedures are independent of what is normally furnished during the post-op period of surgery.
- Use with CPT codes 10040-69979, 70010-79999 and 90700-99199.
- Tips for using Modifier –58
  - Use only when the second, related service is performed during the post-op period.
  - Do not use to report a return to the operating room.

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Notes/Comments/Questions

Modifier –59

Distinct procedural service

- This modifier is used when reporting two or more procedures performed by the same physician at the same or different session, but are unrelated to each other.
- This modifier is also intended to assist in the reporting of codes that are designated as "separate procedures."

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Modifier –59

Distinct procedural service

- Modifier –59 indicates that the procedure is not considered a component of another procedure, but is a distinct, independent procedure.
- Example: Diagnostic arthroscopy on one side and arthroscopic synovectomy on other side. If –59 is not used, carrier will think diagnostic procedure should have been considered to be part of therapeutic procedure.

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Notes/Comments/Questions

Billing Issues Modifier -59

- Modifier 59 was established to demonstrate that multiple yet distinct.
- If this modifier is not used in these circumstances, a denial of services may occur.
- Tips for Modifier –59
  - Do not use on E/M
  - Do not use in replacement of –24, – 25, – 78, or –79
  - Do not use when another modifier best describes a distinct service.

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Modifier –73

Discontinued Outpatient Prior to Anesthesia

- Discontinued outpatient hospital/ambulatory surgery center procedure prior to administration of anesthesia.
- Use this modifier when the facility must report services were discontinued due to circumstances that threaten the well-being of the patient.
- Use this modifier only when the patient has been prepped and draped for surgery but anesthesia has not been administered.

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Notes/Comments/Questions

Modifier –73 continued

- The elective cancellation of a service prior to the administration an anesthesia and/or surgical preparation of the patient should not be reported with modifier –73. Use modifier –53 to report the discontinued procedure by the physician.
- Example: The patient had been prepped and draped for surgery and a blood pressure check prior to anesthesia showed 200/110. The physician cancelled the procedure to a later date when the patient's blood pressure was normal. Modifier –73 should be appended to the CPT code.

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Modifier –74

Discontinued Outpatient After Anesthesia

- Discontinued outpatient hospital/ambulatory surgery center procedure after administration of anesthesia
- Use this modifier when the facility must report services were discontinued due to circumstances that threaten the well-being of the patient.
- Use this modifier only when the patient has been prepped and draped for surgery and anesthesia <u>has been</u> administered.
- Procedures reported with modifier –74 will be reimbursed 100% under OPPS.

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Question #4

A surgeon attempts laparoscopic cholecystectomy in a hospital outpatient surgery department. Following insertion of the laparoscope, the patient experiences a severe drop in BP to the point where the surgeon determines it would be unsafe to continue and the procedure is terminated.

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Poll #4

How should this procedure be coded?

1. **49320 – 73**
2. **49320 – 74**
3. **47562 – 73**
4. **47562 – 74**

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Modifier –76

Repeat procedure by same physician

- **This modifier is used to indicate that a procedure or service was repeated**
- **Example: Reduction of dislocation was performed. As soon as physician leaves room, dislocation re-occurs and needs to be reduced again.**

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Modifier –77

Repeat procedure by another physician

- **This modifier is used to indicate that a procedure or service was repeated by another physician on the same day.**

Billing Tip

This procedure code should be reported one time on a line item, then a second time on a separate line item and append modifier –77 on the second line.

For third party payors who may require one line item per procedure code, report in the units field.

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Notes/Comments/Questions

Modifier –78

Return to the OR for a related procedure during the postoperative period

- The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. If the subsequent procedure is related to the first and requires use of the operating room, it may be reported by using –78
- Do not report this modifier for procedures requiring a return to the OR that are repeat procedures or are unrelated to the original service
- Example: Postoperative hemorrhage requiring return to OR

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Modifier –79

Unrelated procedure or service by the same physician during the postoperative period

- The may need to indicate that a procedure was unrelated to the original procedure during a postoperative period.
- Example: Patient has fem-pop bypass and goes home. While at home (still during post-op period), patient develops acute renal failure and the physician inserts a cannula for hemodialysis. 36810-79 would be reported.

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Question #5

A patient undergoes a bladder repair for ureteral prolapse. The patient does well and is moved to recovery. Hours later the patient's pain level increases and her physician request a postoperative epidural be given.

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Poll #5

Which of the following modifiers are correct?

1. **Modifier –51 multiple procedures**
2. **Modifier –59 distinct procedural service**
3. **Modifier –78 Return to OR for related procedure**
4. **Modifier –79 Return to OR for unrelated procedure**

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Notes/Comments/Questions

Modifier –91

Repeat clinical diagnostic lab test

- Use modifier –91 to repeat laboratory test on the same day to obtain subsequent (multiple) test results.
  - Example: Postoperative hemoglobin/hematocrit performed more than once in a day

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Modifier –91

Repeat clinical diagnostic lab test

- Do not use modifier –91 to rerun tests due to equipment or testing supply failure.
- Do not use this modifier when codes describe a series of test results.
  - Example CPT 82951; Glucose tolerance test includes up to 3 specimens.

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Notes/Comments/Questions

-LT and -RT

- Modifiers LT and RT have no effect on payment, however failure to use when applicable could delay payment.
- These modifiers identify the side of the body on which a procedure is performed.
- It does not indicate a bilateral procedure.
  - LT – Left side
  - RT – Right side

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Eyelid Modifiers

- These modifiers are used to identify services performed on separate eyelids. Modifiers LT and RT should be used for procedures on the eye itself.
  - E1 – Upper left eyelid
  - E2 – Lower left eyelid
  - E3 – Upper right eyelid
  - E4 – Lower right eyelid

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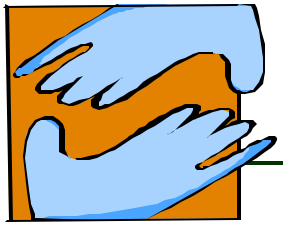
Notes/Comments/Questions



Finger Modifiers

- FA – Left hand, thumb
- F1 – Left hand, second digit
- F2 – Left hand, third digit
- F3 – Left hand, fourth digit
- F4 – Left hand, fifth digit
- F5 – Right hand, thumb
- F6 – Right hand, second digit
- F7 – Right hand, third digit
- F8 – Right hand, fourth digit
- F9 – Right hand, fifth digit

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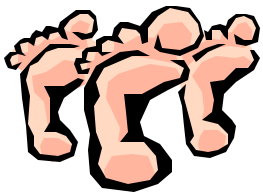
Toe Modifiers

- TA – Left foot, great toe
- T1 – Left foot, second digit
- T2 – Left foot, third digit
- T3 – Left foot, fourth digit
- T4 – Left foot, fifth digit
- T5 – Right foot, great toe
- T6 – Right foot, second digit
- T7 - Right foot, third digit
- T8 – Right foot, fourth digit
- T9 – Right foot, fifth digit



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Coronary Artery Modifiers

- **These codes are used when one or more intervention is required on a major vessel and its branches.**
  - **LC – Left circumflex, coronary artery**
  - **LD – Left anterior descending coronary artery**
  - **RC – Right Coronary Artery**

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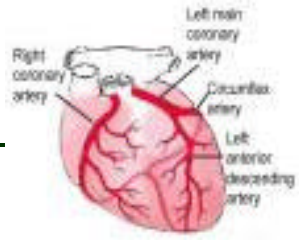
Coronary Artery Modifiers



- **Use with codes 92980-92984, 92995, and 92996**
- **Example: Stent placed in to the left circumflex and anterior descending coronary artery would code to: 92980-LC and 92981-LD.**

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Ambulance Modifiers

- **Ambulance Service Modifiers are single alpha characters paired together to form a two-character modifier. The first character identifies the origin of the patient (pickup from home) and the second identifies the destination (hospital)**
  - **Example: RH**
  - **Origin is "R" Home and Destination is "H" Hospital.**

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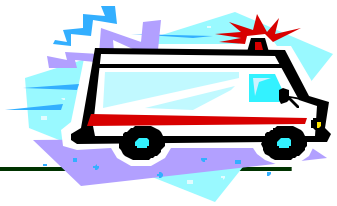
Ambulance Modifiers



- **QM – Ambulance service provided under arrangement by a provider of services**
- **QN – Ambulance service furnished directly by a provider of services**

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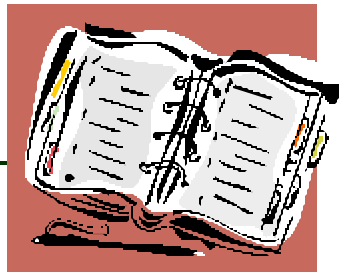

Resources

Ingenix *Coding Lab 2005*
Understanding Modifiers

CPT Assistant

2003 January Article 1

2003 September Article 2

CPT 4 2005 AMA
Appendix A-Modifiers

Principles of CPT Coding
published by AMA

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